

STATE BOARD OF REAL ESTATE APPRAISERS  
DIVISION OF CONSUMER AFFAIRS  
124 HALSEY STREET- 3<sup>RD</sup> FLOOR  
NEWARK, NJ 07102

APPLICATION FOR TRAINEE RENEWAL  
PURSUANT TO N.J.A.C. 13:A - 7

PLEASE TYPE OR PRINT

- A. Permit No. 42 RP  
B. Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
C. Home Address \_\_\_\_\_ Apt# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ or Cell Phone \_\_\_\_\_

Check here if this is a change of Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

- D. 1. Name of Supervisor \_\_\_\_\_ License # \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Phone \_\_\_\_\_

(List additional supervisors on page #2)

- E. Continuing Education \*(for trainees renewing for the third time only)\*

Have you completed the required 14 hours of continuing education?  
If yes, submit with renewal.

Yes \_\_\_\_\_ No \_\_\_\_\_

Note: Renewal will not be accepted without original log.  
(Please keep a copy of the log for your own records)

Please be advised that pursuant to N. J. A.C. 13:40A-7.3 (6) Trainee real estate appraisers shall use the full designation "trainee real estate appraiser" followed by their permit number.  
No abbreviation shall be permitted

I hereby certify that all statements made herein are true and correct.

\_\_\_\_\_  
Trainee signature

Please make certified check or  
money order payable to:  
**NJ Board of Real Estate Appraisers**

(DO NOT WRITE BELOW THIS LINE)

.....  
Date Received \_\_\_\_\_

Fee \$ \_\_\_\_\_

APP# \_\_\_\_\_

Check #: \_\_\_\_\_

Money order # \_\_\_\_\_

Log attached: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

**Additional Supervisors (Continued from page #1Section D)**

**2. Name of Supervisor** \_\_\_\_\_ **License #** \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Phone \_\_\_\_\_

**3. Name of Supervisor** \_\_\_\_\_ **License #** \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Phone \_\_\_\_\_

**4. Name of Supervisor** \_\_\_\_\_ **License #** \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Phone \_\_\_\_\_

**5. Name of Supervisor** \_\_\_\_\_ **License #** \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Phone \_\_\_\_\_

**6. Name of Supervisor** \_\_\_\_\_ **License #** \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Phone \_\_\_\_\_